



PTO/SB/22 (10-00)

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|---|---|--|---|------------------|---|----------|---|----------|--|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) NPF 1002-01US | | | | | | | | | | |
| | In re Application of MATSUKAWA, Masahiko | | | | | | | | | | | |
| | Application Number 09/854,148 | Filed 12 May 2001 | | | | | | | | | | |
| | For Treatment Method for Making Heat Exchanger Hydrophilic ... | | | | | | | | | | | |
| | Group Art Unit 1755 | Examiner | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ <u>110.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>8 October 2001</u> Date</div><div style="text-align: center;"> Signature <u>John A. Griecci</u> Typed or printed name</div></div> | | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <u>110.00</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ <u>110.00</u> | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ | | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | | | |

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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